



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2012

Open to Public  
Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable	C Name of organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC		D Employer identification number 59-6166292
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (850) 474-3118
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 PENSACOLA, FL 325145732		
<input type="checkbox"/> Application pending			G Gross receipts \$ 58,883,447

F Name and address of principal officer SHERI POPE 11000 UNIVERSITY PKWY BLDG 12 PENSACOLA, FL 325145732	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW UWF EDU/FOUNDATION

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1965 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	24
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	3,698
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	4,076,386	2,894,148
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	10,033,172	11,675,851
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	3,444,626	5,377,954
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	26,480	65,805
	17,580,664	20,013,758

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	915,862	1,074,260
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	2,917,765	3,629,615
b Total fundraising expenses (Part IX, column (D), line 25) ► 375,221	49,744	63,908
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	8,977,369	11,673,139
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	12,860,740	16,440,922
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	4,719,924	3,572,836

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	134,088,951	138,597,358
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	59,441,933	57,367,862
	74,647,018	81,229,496

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer SHERI POPE EXECUTIVE DIRECTOR Type or print name and title	2014-03-07 Date
-----------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name MOLLY MURPHY CPA	Preparer's signature	Date 2014-03-06	Check <input type="checkbox"/> if self-employed	PTIN P00985783
	Firm's name ► SALTMARSH CLEAVELAND & GUND		Firm's EIN ► 59-2922169		
	Firm's address ► 900 NORTH 12TH AVENUE PENSACOLA, FL 32501		Phone no (850) 435-8300		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

SOLICITING, RECEIVING, AND ADMINISTERING GIFTS AND BEQUESTS OF PROPERTY AND FUNDS FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE PURPOSES ALL FOR THE ADVANCEMENT OF THE UNIVERSITY OF WEST FLORIDA (UWF) TO PROMOTE AND SUPPORT EDUCATION AND EDUCATION FACILITIES, INCLUDING HOUSING AT UWF

---



---

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**
 Yes  No

If "Yes," describe these new services on Schedule O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?**
 Yes  No

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

<b>4a</b>	(Code ) (Expenses \$ 10,792,687 including grants of \$ )	(Revenue \$ 11,734,914 )
-----------	--	--------------------------

STUDENT HOUSING PROGRAM - THE UWF DEPARTMENT OF HOUSING AND RESIDENCE LIFE PROVIDES HOUSING FOR APPROXIMATELY 18%, I E , OVER 2,111 STUDENTS AND 88 STUDENT STAFF, OF THE UNIVERSITY'S STUDENT BODY OF 12,013 OCCUPANCY OF DORMS IS CONSISTENTLY MAINTAINED AT 100% IN ADDITION TO RESIDENTIAL SERVICES, HOUSING OFFERS OVER 3,000 EDUCATIONAL AND SOCIAL PROGRAMS DESIGNED TO ENHANCE THE STUDENTS' LEARNING ENVIRONMENT AS WELL AS ENRICH THE STUDENTS' COLLEGE EXPERIENCE

---

<b>4b</b>	(Code ) (Expenses \$ 855,410 including grants of \$ 855,410 ) (Revenue \$ 0 )
-----------	---

STUDENT SCHOLARSHIP PROGRAM THE UWF FOUNDATION AWARDED MORE THAN \$1,247,289 IN SCHOLARSHIPS TO 899 UWF STUDENTS THESE SCHOLARSHIPS HELPED TO ENSURE THOSE STUDENTS GAINED A HIGHER EDUCATION ONE OF THE NEWER SCHOLARSHIPS PROMOTED DURING THE YEAR WAS THE FIRST GENERATION SCHOLARSHIP THIS SCHOLARSHIP ENABLES STUDENTS, WHO ARE FIRST GENERATION IN THEIR FAMILY TO ATTEND COLLEGE, TO BE ABLE TO AFFORD COLLEGE TUITION THE FOUNDATION RAISED AND AWARDED \$391,879 OF FIRST GENERATION SCHOLARSHIPS DURING THE YEAR

---

<b>4c</b>	(Code ) (Expenses \$ 441,452 including grants of \$ ) (Revenue \$ )
-----------	---

EMINENT SCHOLARS AND PROFESSORSHIPS THE UWF FOUNDATION HAD 2 EMINENT SCHOLARS AND 4 DISTINGUISHED PROFESSORS DURING THE FISCAL YEAR THESE PROFESSORSHIPS HELPED TO ADVANCE THE EDUCATIONAL MISSION OF THE UNIVERSITY BY HAVING DISTINGUISHED AND SPECIALIZED PROFESSORS TEACH STUDENTS

---

(Code ) (Expenses \$ 2,940,743 including grants of \$ 218,850 ) (Revenue \$ 65,169 )
--

ALL OTHER PROGRAMS THE UWF FOUNDATION HAS AGENCY ACCOUNTS WHICH SUPPORT THE MISSION OF CERTAIN DEPARTMENTS AND COLLEGES WITHIN THE UNIVERSITY THESE ACCOUNTS PRIMARILY CONSIST OF DONATED FUNDS TO HELP SUPPORT FACULTY SALARIES, STUDENT SCHOLARSHIPS, LEARNING ENVIRONMENTS, PROFESSIONAL DEVELOPMENT, AND LECTURES

---

**4d Other program services (Describe in Schedule O )**

(Expenses \$ 2,940,743 including grants of \$ 218,850 ) (Revenue \$ 65,169 )
--

**4e Total program service expenses ► 15,030,292**

**Part IV Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
  - b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>	Yes	
<b>15</b>		No
<b>16</b>		No
<b>17</b>	Yes	
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>		No
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<b>24a</b>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		No
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<b>26</b>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b>	Yes	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b> 50	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .		<b>1c</b> Yes
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b> 0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b> Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . .		<b>3b</b> Yes
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		<b>4a</b> Yes
<b>b</b> If "Yes," enter the name of the foreign country <b>CJ</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b> No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .		<b>5c</b>
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		<b>6a</b> No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .		<b>6b</b>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		<b>7a</b> Yes
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .		<b>7b</b> Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .		<b>7c</b> No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .		<b>7d</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		<b>7e</b> No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7f</b> No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .		<b>7g</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .		<b>7h</b> Yes
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .		<b>8</b>
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		<b>9a</b>
<b>a</b> Did the organization make any taxable distributions under section 4966? . . .		<b>9b</b>
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .		<b>12a</b>
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .		<b>14a</b> No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<b>14b</b>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	26		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	24		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes	

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> AK	<input checked="" type="checkbox"/> AZ	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> CO	<input checked="" type="checkbox"/> HI	<input checked="" type="checkbox"/> KY	<input checked="" type="checkbox"/> LA	<input checked="" type="checkbox"/> ME	<input checked="" type="checkbox"/> MD	<input checked="" type="checkbox"/> MA	<input checked="" type="checkbox"/> MI	<input checked="" type="checkbox"/> MN	<input checked="" type="checkbox"/> NH	<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> NY	<input checked="" type="checkbox"/> OH	<input checked="" type="checkbox"/> OK	<input checked="" type="checkbox"/> OR	<input checked="" type="checkbox"/> SC	<input checked="" type="checkbox"/> UT	<input checked="" type="checkbox"/> WA	<input checked="" type="checkbox"/> WV	<input checked="" type="checkbox"/> WI	<input checked="" type="checkbox"/> DC	<input checked="" type="checkbox"/> AR	<input checked="" type="checkbox"/> MO	<input checked="" type="checkbox"/> MS	<input checked="" type="checkbox"/> ND	<input checked="" type="checkbox"/> NH
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)																									
<b>19</b> Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year																													
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization	<input checked="" type="checkbox"/> SHERI POPE	11000 UNIVERSITY PKWY	BLDG 12	PENSACOLA, FL	(850) 474-3380																								

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Check if Schedule O contains a response to any question in this Part VII**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

---

Digitized by srujanika@gmail.com

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>	No

## **Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE HASKELL COMPANY 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202	CONSTRUCTION	2,696,898
JANI-KING 122 WEST PINE STREET PONCHATOUA LA 70454	JANITORIAL SERVICES	610,296
OTIS ELEVATOR PO BOX 905454 CHARLOTTE NC 28290	ELEVATOR REPAIR & MAINT	180,568
PEOPLES PAINTING COMPANY 9931 HARLINGTON ST CANTONMENT FL 21422	PAINTING SERVICES	152,285
CHARTWELLS 11000 UNIVERSITY PARKWAY PENSACOLA FL 32514	CATERING SERVICES	122,315
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	8,620		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,885,528		
	<b>g</b> Noncash contributions included in lines 1a-1f \$		101,638		
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			2,894,148	
<b>Program Service Revenue</b>	<b>2a</b> RENTAL INCOME - HOUSING	Business Code 721310	11,389,239	11,389,239	
	<b>b</b> RENTAL INCOME - OTHER	900099	227,813	227,813	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue		58,799	58,799	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		11,675,851		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,201,440	117,862	1,083,578
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .		58,504		58,504	
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses	43,045,834				
<b>c</b> Gain or (loss)	38,869,320				
<b>d</b> Net gain or (loss) . . . . .	4,176,514				
<b>8a</b> Gross income from fundraising events (not including \$ 8,620 of contributions reported on line 1c) See Part IV, line 18 . . . . .		4,176,514			4,176,514
<b>b</b> Less direct expenses . . . . .	a 1,300 b 369				
<b>c</b> Net income or (loss) from fundraising events . . . . .		931			931
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b> MISCELLANEOUS REVENUE	900099	6,370	2,672	3,698	
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		6,370			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		20,013,758	11,796,385	3,698	5,319,527

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,074,260	1,074,260		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	3,629,615	2,933,023	535,443	161,149
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	16,230	826	15,404	
c Accounting . . . . .	81,400	12,265	69,135	
d Lobbying . . . . .	70,150	10,000	60,150	
e Professional fundraising services See Part IV, line 17	63,908			63,908
f Investment management fees . . . . .	323,253	5,125	318,128	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	391,286	514,915	-126,285	2,656
12 Advertising and promotion . . . . .	414,115	360,627	30,749	22,739
13 Office expenses . . . . .	395,913	252,342	65,338	78,233
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	1,299,598	1,297,550	2,048	
17 Travel . . . . .	413,848	360,858	25,802	27,188
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	118,066	104,898	2,530	10,638
20 Interest . . . . .	2,673,387	2,673,387		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	2,779,475	2,779,475		
23 Insurance . . . . .	269,604	255,694	13,910	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a REPAIR/MAINTENANCE/SUPP	1,164,960	1,164,753	112	95
b UNIVERSITY/STAFF SUPPOR	885,030	885,030		
c HOUSING RELATED EXPENSE	265,357	265,357		
d MISCELLANEOUS	93,962	62,402	22,945	8,615
e All other expenses	17,505	17,505		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,440,922	15,030,292	1,035,409	375,221
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>Assets</b>			
1	Cash—non-interest-bearing . . . . .	2,957,822	<b>1</b> 9,849
2	Savings and temporary cash investments . . . . .	15,900,197	<b>2</b> 16,464,448
3	Pledges and grants receivable, net . . . . .	2,580,949	<b>3</b> 2,560,380
4	Accounts receivable, net . . . . .	269,952	<b>4</b> 132,031
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>
7	Notes and loans receivable, net . . . . .		<b>7</b>
8	Inventories for sale or use . . . . .		<b>8</b>
9	Prepaid expenses and deferred charges . . . . .	76,997	<b>9</b> 92,781
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 75,271,103	
b	Less accumulated depreciation . . . . .	<b>10b</b> 19,421,623	54,731,069 <b>10c</b> 55,849,480
11	Investments—publicly traded securities . . . . .	41,335,150	<b>11</b> 45,532,853
12	Investments—other securities See Part IV, line 11 . . . . .	14,377,988	<b>12</b> 16,137,315
13	Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
14	Intangible assets . . . . .		<b>14</b>
15	Other assets See Part IV, line 11 . . . . .	1,858,827	<b>15</b> 1,818,221
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	134,088,951	<b>16</b> 138,597,358
<b>Liabilities</b>			
17	Accounts payable and accrued expenses . . . . .	2,178,856	<b>17</b> 1,173,798
18	Grants payable . . . . .		<b>18</b>
19	Deferred revenue . . . . .		<b>19</b>
20	Tax-exempt bond liabilities . . . . .	57,062,717	<b>20</b> 55,174,768
21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
23	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
24	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	200,360	<b>25</b> 1,019,296
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	59,441,933	<b>26</b> 57,367,862
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets . . . . .	11,670,526	<b>27</b> 13,096,145
28	Temporarily restricted net assets . . . . .	16,001,026	<b>28</b> 20,377,939
29	Permanently restricted net assets . . . . .	46,975,466	<b>29</b> 47,755,412
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
30	Capital stock or trust principal, or current funds . . . . .		<b>30</b>
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
32	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
33	Total net assets or fund balances . . . . .	74,647,018	<b>33</b> 81,229,496
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	134,088,951	<b>34</b> 138,597,358

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	20,013,758
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	16,440,922
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	3,572,836
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	74,647,018
5 Net unrealized gains (losses) on investments . . . . .	5	3,025,665
6 Donated services and use of facilities . . . . .	6	
7 Investment expenses . . . . .	7	
8 Prior period adjustments . . . . .	8	
9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-16,023
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,229,496

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-6166292  
**Name:** UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
C RAY JONES PRESIDENT OF THE BOARD	60	X		X			0	0	0
JOHN HUTCHINSON VICE-PRESIDENT OF THE BOARD	30	X		X			0	0	0
RICHARD PETERSON SECRETARY OF THE BOARD	40	X		X			0	0	0
WAYNE WILLIAMS TREASURER OF THE BOARD	70	X		X			0	0	0
PATRICIA DENKLER DIRECTOR, PAST PRESIDENT	30	X					0	0	0
DR JUDITH BENSE DIRECTOR, PRESIDENT OF THE	20 39.80	X					0	360,422	70,215
LUKE VAN BLARICOM DIRECTOR AND ALUMNI BOARD	40	X					0	0	0
KELDRICK AVERHART CURRENT DIRECTOR	30	X					0	0	0
LAVERNE BAKER CURRENT DIRECTOR	40	X					0	0	0
DOUG DOBSON CURRENT DIRECTOR	10	X					0	0	0
JIM DONATELLI CURRENT DIRECTOR	0.00	X					0	0	0
RICK FOUNTAIN CURRENT DIRECTOR	10	X					0	0	0
ALAN GIESEMAN CURRENT DIRECTOR	10	X					0	0	0
TIM HAAG CURRENT DIRECTOR	20	X					0	0	0
BRIAN HAUGEN CURRENT DIRECTOR	20	X					0	0	0
DAVID HIGHTOWER CURRENT DIRECTOR	40	X					0	0	0
DENNIS LARRY CURRENT DIRECTOR	10	X					0	0	0
DAN MCMILLAN CURRENT DIRECTOR	20	X					0	0	0
DR JOHN PLATT CURRENT DIRECTOR AND FACUL	30	X					0	106,668	5,434
STEVE RIGGS CURRENT DIRECTOR	10	X					0	0	0
DEBBIE RITCHIE CURRENT DIRECTOR	10	X					0	0	0
RICHARD SANFILIPPO CURRENT DIRECTOR	10	X					0	0	0
GORDON SPRAGUE CURRENT DIRECTOR	30	X					0	0	0
MELINDA WEBB-SCHWARTZ CURRENT DIRECTOR	20	X					0	0	0
BRIAN WYER CURRENT DIRECTOR	30	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERI POPE EXECUTIVE DIRECTOR OF THE	40 00 0 00			X					0	73,879	4,898
JEFFREY DJERLEK DIRECTOR OF THE FOUNDATION	40 00 0 00			X					0	57,419	2,895
KYLE MARRERO FORMER VICE PRESIDENT OF UNIVERSITY AFFAIRS	60 39 40				X				0	171,480	10,770
FRANK RANELLI PROFESSOR AT THE UNIVERSIT	0 00 40 00					X			0	166,488	33,868
CHULA KING PROFESSOR AT THE UNIVERSIT	0 00 40 00					X			0	201,024	13,578
DAVID MARKER FORMER INTERIM PROVOST	0 00 40 00					X			0	219,786	0
MATTHEW ALTIER FORMER VICE PRESIDENT OF THE UNIVERSITY	0 00 40 00					X			0	204,033	7,083
DOUG WAGGLE PROFESSOR AT THE UNIVERSIT	0 00 40 00					X			0	184,619	16,669

**SCHEDULE A**  
**(Form 990 or 990EZ)****Public Charity Status and Public Support****2012****Open to Public  
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Name of the organization**

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Employer identification number**

59-6166292

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- f  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- g  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- h  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- i  Provide the following information about the supported organization(s)

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
			Yes	No			
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,346,122	2,939,498	2,916,218	4,076,386	2,894,148	15,172,372
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,346,122	2,939,498	2,916,218	4,076,386	2,894,148	15,172,372
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						15,172,372

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
7 Amounts from line 4	2,346,122	2,939,498	2,916,218	4,076,386	2,894,148	15,172,372
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,348,371	1,156,203	1,211,005	1,004,513	1,083,578	6,803,670
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	12,500	217,796	76,392	56,137	111,081	473,906
<b>11 Total support</b> (Add lines 7 through 10)						22,449,948
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	<b>34,451,269</b>
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	67 580 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	70 700 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►□
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►□

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) 2012</b>	<b>(f) Total</b>
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>
<b>19a</b> <b>33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b</b> <b>33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

---

---

---

**SCHEDULE C**  
**(Form 990 or 990-EZ)****Political Campaign and Lobbying Activities****2012****Open to Public  
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC	Employer identification number 59-6166292
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		70,150	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		70,150	
<b>d</b> Other exempt purpose expenditures		14,960,095	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		15,030,245	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		901,512	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		225,378	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0	
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	669,858	744,045	725,177	901,512	3,040,592
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,560,888
<b>c</b> Total lobbying expenditures	60,225	55,150	70,150	70,150	255,675
<b>d</b> Grassroots nontaxable amount	167,465	186,011	181,294	225,378	760,148
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,140,222
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> )	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2012

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
**Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Employer identification number**

59-6166292

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	47,675,612	52,292,344	42,891,001	39,183,437	54,255,781
<b>b</b> Contributions . . . . .	792,557	574,051	1,379,922	1,169,999	1,313,613
<b>c</b> Net investment earnings, gains, and losses . . . . .	8,110,569	-2,573,643	10,633,089	5,032,996	-12,398,267
<b>d</b> Grants or scholarships . . . . .	737,846	637,572	632,011	565,859	1,004,494
<b>e</b> Other expenditures for facilities and programs . . . . .	1,180,507	1,040,245	1,047,701	1,031,677	1,810,024
<b>f</b> Administrative expenses . . . . .	973,586	939,323	931,956	897,895	1,173,172
<b>g</b> End of year balance . . . . .	53,686,799	47,675,612	52,292,344	42,891,001	39,183,437

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ► 2 880 %

**b** Permanent endowment ► 84 880 %

**c** Temporarily restricted endowment ► 12 240 %

The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,454,483			1,454,483
<b>b</b> Buildings . . . . .		73,197,153		19,115,255	54,081,898
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		465,051		306,368	158,683
<b>e</b> Other . . . . .			154,416		154,416
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					55,849,480

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS	13,744,979	F
(B) PRIVATE EQUITY FUNDS	1,404,859	F
(C) REAL ESTATE INVESTMENT TRUSTS	987,477	F
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )</b>	<b>16,137,315</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
SPLIT INTEREST AGREEMENTS	202,782
FUNDS HELD FOR WEST FLORIDA HISTORIC PRESERVATION, INC	816,514
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )</b>	<b>1,019,296</b>

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,025,900
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	3,025,665
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-13,523
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,012,142
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,013,758
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	20,013,758

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	16,440,922
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,440,922
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	16,440,922

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INCOME FROM THE ENDOWMENT FUNDS IS TO BE USED FOR SCHOLARSHIPS, PROFESSORSHIPS, AND PROGRAMS OF THE UNIVERSITY OF WEST FLORIDA. ALL FUNDS ARE USED TO ADVANCE THE MISSION OF THE UNIVERSITY.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN INVESTMENT ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEGINNING BEFORE 2010. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION (170)(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN S/I AGREEMENT VALUE -13,523

2012

Open to Public  
Inspection**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Employer identification number

59-6166292

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND CARIBBEAN	0	0	INVESTMENT		14,635,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	5,000
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	18,750
<b>3a Sub-total</b>	0	0			14,658,750
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			14,658,750

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see Instructions for Form 926)  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see Instructions for Forms 3520 and 3520-A)  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons with Respect to Certain Foreign Corporations*. (see Instructions for Form 5471)  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see Instructions for Form 8621)  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons with Respect to Certain Foreign Partnerships*. (see Instructions for Form 8865)  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report* (see Instructions for Form 5713).  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS OUTSIDE THE UNITED STATES REPRESENTS STUDENT FINANCIAL AID STUDENTS RECEIVING FINANCIAL AID ARE DETERMINED BY THE FOUNDATION GRANT COMMITTEE THE COMMITTEE USES CRITERIA THAT ASSESSES ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS THE OFFICE OF FINANCIAL AID AND THE FOUNDATION CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS CURRENTLY, THE UNIVERSITY IS IN THE FINAL PHASE OF A SOFTWARE CONVERSION WHICH WILL ENHANCE AVAILABLE SCHOLARSHIP REPORTING
	SCHEDULE F, PART I, LINE 3	THE ACCOUNTING METHOD USED IS THE ACCRUAL METHOD
	FORM 990, PAGE 3, LINE 16, SCHEDULE F, PART III	THE FOUNDATION DOES PROVIDE MORE THAN \$5,000 OF GRANTS OR ASSISTANCE TO INDIVIDUALS OUTSIDE OF THE UNITED STATES HOWEVER, THAT INFORMATION IS MAINTAINED AT THE UNIVERSITY LEVEL CURRENTLY, THE UNIVERSITY IS IN THE FINAL PHASE OF A SOFTWARE CONVERSION WHICH WILL ENHANCE AVAILABLE SCHOLARSHIP REPORTING

---

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

**P** Attest to Form 938 or Form 938 EE/P See separate instructions.

Digitized by srujanika@gmail.com

---

Name of the organization

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Employer identification number**

59-6166292

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing**

AK, AR, AZ, CA, CO, CT, DC, HI, KY, LA, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NY, OH, OK, SC, UT, VA, WA, WI, AL, FL, IL, KS, NM, NC, OR, PA, RI, TN, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Contributions . . .				
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				( )
	11 Net income summary Combine line 3, column (d), and line 10 . . . . . ►				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No .....	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No .....	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No .....	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

- |   |     |
|---|-----|
| a The organization's facility . . . . . | 13a |
| b An outside facility . . . . .         | 13b |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE FOUNDATION CONTRACTS WITH CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) (FEIN 20-0290042) TO OPERATE ITS VEHICLE DONATION PROGRAM. CARS ACTS AS THE FOUNDATION'S AUTHORIZED AGENT TO ACCEPT DONATED VEHICLES AND SELL THEM TO DEALERS, WHOLESALERS, OR AT AUCTIONS UPON TRANSFER OF THE VEHICLE OWNERSHIP BY THE DONOR. CARS SENDS A DONATION RECEIPT TO THE DONOR IN A TIMELY MANNER (NO LESS THAN MONTHLY). CARS PROVIDES PERTINENT DONOR AND VEHICLE INFORMATION TO THE FOUNDATION SUBSEQUENT TO THE SALES OF THE VEHICLE(S). CARS REMITS THE PROCEEDS, LESS APPLICABLE COMMISSIONS, TO THE FOUNDATION

## Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

► Attach to Form 990

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

# UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Employer identification number**

59-6166292

## **Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

**(a)** Name and address of  
organization  
or government

(b) EIN

(c) IRC Code  
section  
if applicable

(d) Amount of cash grant

(e) Amount of non cash assistance

**(f) Method of valuation (book, FMV, appraisal, other)**

**(g) Description of non-cash assistance**

**(h) Purpose of grant or assistance**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	899	1,074,260		FAIR MARKET VALUE	N/A

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS AND GRANTS ARE AWARDED BY THE FOUNDATION THROUGH THE UNIVERSITY OF WEST FLORIDA (UWF). UWF ADHERES TO ANY APPLICABLE STATE AND FEDERAL GUIDELINES, AS WELL AS THE GUIDELINES FROM DONOR AGREEMENTS. THE FOUNDATION REIMBURSES UWF FOR AWARDS TO STUDENTS, THUS NO DIRECT PAYMENTS ARE MADE TO GRANT/SCHOLARSHIP RECIPIENTS FROM THE FOUNDATION

**Schedule J  
(Form 990)****Compensation Information**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

Name of the organization  
UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Employer identification number

59-6166292

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?

- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?

- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR JUDITH BENSE DIRECTOR, PRESIDENT OF THE	(i) 0 (ii) 320,422	(i) 0 (ii) 40,000	(i) 0 (ii) 0	(i) 0 (ii) 50,715	(i) 0 (ii) 19,500	(i) 0 (ii) 430,637	(i) 0 (ii) 0
(2) KYLE MARRERO FORMER VICE PRESIDENT OF UNIVERSITY	(i) 0 (ii) 171,480	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 10,270	(i) 0 (ii) 500	(i) 0 (ii) 182,250	(i) 0 (ii) 0
(3) FRANK RANELLI PROFESSOR AT THE UNIVERSIT	(i) 0 (ii) 166,488	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 11,368	(i) 0 (ii) 22,500	(i) 0 (ii) 200,356	(i) 0 (ii) 0
(4) CHULA KING PROFESSOR AT THE UNIVERSIT	(i) 0 (ii) 201,024	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 13,578	(i) 0 (ii) 0	(i) 0 (ii) 214,602	(i) 0 (ii) 0
(5) DAVID MARKER FORMER INTERIM PROVOST	(i) 0 (ii) 219,786	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 219,786	(i) 0 (ii) 0
(6) MATTHEW ALTIER FORMER VICE PRESIDENT OF THE UNIVERS	(i) 0 (ii) 204,033	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 2,904	(i) 0 (ii) 4,179	(i) 0 (ii) 211,116	(i) 0 (ii) 0
(7) DOUG WAGGLE PROFESSOR AT THE UNIVERSIT	(i) 0 (ii) 184,619	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 11,669	(i) 0 (ii) 5,000	(i) 0 (ii) 201,288	(i) 0 (ii) 0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE J BENSE AND D MARKER RECEIVED HOUSING ALLOWANCES THESE PAYMENTS WERE A PART OF THEIR RESPECTIVE COMPENSATION PACKAGES AND ARE INCLUDED IN W-2 INCOME PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES DR JUDITH A BENSE IS A MEMBER OF MCGUIRE'S IRISH POLITICIAN'S CLUB AND THE ROTARY CLUB OF PENSACOLA FRANK RANELLI AND MATHEWALTIER ARE ALSO MEMBER OF THE ROTARY CLUB OF PENSACOLA DR KYLE MARRERO IS A MEMBER OF PENSACOLA COUNTRY CLUB THESE MEMBERSHIPS ARE USED TO PROMOTE THE UNIVERSITY OF WEST FLORIDA

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds****2012**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990. ► See separate instructions.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
UNIVERSITY OF WEST FLORIDA FOUNDATION INCEmployer identification number  
59-6166292**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2005 SERIES	59-3010066	296120BJ6	12-01-2005	18,290,000	TO REFUND THE 2002 DORMITORY REVENUE BONDS		X		X		X
B	ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2009 SERIES	59-3010066	NONEXXXX	04-24-2009	15,000,000	BANK LOAN TO FINANCE CONSTRUCTION OF STUDENT HOUSING		X		X		X
C	ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2010 SERIES	59-3010066	NONEXXXX	12-30-2010	11,717,000	REFUND THE 1998 DORMITORY REVENUE BONDS		X		X		X
D	ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2011 SERIES	59-3010066	296120CU0	02-15-2011	16,189,083	DORMITORY REVENUE BONDS FOR CONSTRUCTION OF STUDENT HOUSING		X		X		X

**Part II Proceeds**

			A	B	C	D
1	Amount of bonds retired					
2	Amount of bonds legally defeased					
3	Total proceeds of issue	18,370,470	15,000,000	11,717,000	16,189,083	
4	Gross proceeds in reserve funds	1,000,000	1,000,000			
5	Capitalized interest from proceeds	969,221	969,221			
6	Proceeds in refunding escrows	17,725,312		11,619,336		
7	Issuance costs from proceeds	310,158	136,000	97,664	316,533	
8	Credit enhancement from proceeds	335,000				
9	Working capital expenditures from proceeds					
10	Capital expenditures from proceeds	12,894,779	12,894,779		15,306,709	
11	Other spent proceeds					
12	Other unspent proceeds					
13	Year of substantial completion	2010	2010			2012
		Yes	No	Yes	No	Yes
		X		X	X	
14	Were the bonds issued as part of a current refunding issue?					X
15	Were the bonds issued as part of an advance refunding issue?				X	
16	Has the final allocation of proceeds been made?		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►		%		%		%		%
<b>6</b> Total of lines 4 and 5		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X		X		X		X
<b>b</b> Exception to rebate?		X		X		X		X
<b>c</b> No rebate due?		X		X		X		X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
►Attach to Form 990.

Name of the organization  
UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Employer identification number

59-6166292

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	56	49,575	IMMEDIATE SALE OF ITEM
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	7	8,573	HIGH/LOW AVG @ GIFT DATE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	2	2,000	SEE COMMENTS - PART II
19 Food inventory . . . . .	X	1	1,650	MENU VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
MODEL				
25 Other ► ( SHIPS ) RAYTHEON	X	3	21,500	APPRAISED VALUE
26 Other ► ( CYBER TRAI ) ELECTRIC	X	1	12,500	COURSE COST
27 Other ► ( SUPPLY )	X	1	3,840	INVOICE VALUE
28 Other ► ( MISCELLANEOUS )	X	4	2,000	SEE COMMENTS - PART II
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	Yes
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	LINE 32(B) THE FOUNDATION CONTRACTS WITH CHARITABLE ADULT RIDES & SERVICES, INC (CARS) (FEIN 20-0290042) TO OPERATE ITS VEHICLE DONATION PROGRAM CARS ACTS AS THE FOUNDATION'S AUTHORIZED AGENT TO ACCEPT DONATED VEHICLES AND SUBSEQUENTLY SELL THEM TO DEALERS, WHOLESALERS, OR AT AUCTIONS UPON TRANSFER OF THE VEHICLE'S TITLE BY THE DONOR, CARS SENDS A DONATION RECEIPT TO THE DONOR CARS NOTIFIES THE FOUNDATION ON A TIMELY BASIS WITH THE PERTINENT DONOR AND VEHICLE INFORMATION SUBSEQUENT TO THE SALE OF THE VEHICLE(S), CARS REMITS TO THE FOUNDATION PROCEEDS LESS THE APPLICABLE COMMISSIONS
NON REPORTING OF REVENUE	PART I, LINE 33	REVENUES FOR NON-CASH CONTRIBUTIONS NOTED IN LINE 18 AND LINE 28 ARE NOT REPORTED BECAUSE (1) THE COST OF AN APPRAISAL OR VALUATION WOULD EXCEED THE BENEFIT OF THE GIFT, AND/OR (2) NO MARKET READILY EXISTS FOR THE SALE OF THESE ITEMS PART 1, LINE 18 INCLUDED IN THIS CATEGORY ARE A SAMURAI WARRIOR ARMOR FOR THE JAPAN HOUSE, ORCHESTRAL CLASSICAL SHEET MUSIC COLLECTION FOR THE DEPT OF MUSIC PART 1, LINE 28 INCLUDED IN THIS CATEGORY ARE A HOTEL FRONT DESK WITH GRANITE TOP , THREE BESELER 23C ENLARGERS WITH REPLACEMENT PARTS DURING THE FISCAL YEAR, THERE WERE DONATIONS OF MARKETABLE SECURITIES RECEIVED AS PLEDGE PAYMENTS SUCH PLEDGE PAYMENTS HAVE BEEN CREDITED AGAINST THE PLEDGE RECEIVABLE RATHER THAN CURRENT YEAR CONTRIBUTION INCOME AND ARE NOT INCLUDED IN LINE 9 (SECURITIES - PUBLICLY TRADED ) LINES 1 THROUGH 28, COLUMN (B) PER SCHEDULE M INSTRUCTIONS, THE NUMBER OF ITEMS RECEIVED (EXCEPT FOR LINE 9, "SECURITIES PUBLICLY TRADED") ARE REPORTED IN COLUMN (B) FOR LINE 9 ITEMS, THE NUMBER OF CONTRIBUTIONS RECEIVED (VERSUS NUMBER OF EQUITY SHARES) ARE REPORTED

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

**Employer identification number**

59-6166292

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE ALL BOARD MEMBE RS ARE REQUIRED TO FILL OUT AND SIGN THE QUESTIONNAIRE BOARD MEMBERS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST SHALL REFRAIN FROM CONSIDERATI ON OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUES TS INFORMATION OR INTERPRETATION PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DI SCUSSION OR BE PRESENT AT THE TIME OF THE VOTE ANY PROPOSED TRANSACTION IN WHICH A CONFLI CT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED BY A MAJORITY OF THE D ISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER DISCLOSU RE OF THE CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE UNIVERSITY OF WEST FLORIDA'S BOARD OF TRUSTEES DETERMINES AND APPROVES ALL COMPENSATIO N. THE DETERMINATION INCLUDES CONSIDERING COMPENSATION RELATIVE TO THE MARKET LEVEL FOR TH E JOB. CONSIDERATION MAY BE GIVEN TO SUBSTANTIAL, DIRECTLY RELATED EXPERIENCE AND COMPARAB LE INTERNAL SALARIES, WHICH MAY INCLUDE FACTORS SUCH AS JOB PERFORMANCE AND LEVEL OF RESPO NSIBILITY
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE AND UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN S/I AGREEMENT -13,523 CHANGE IN ESTIMATE -2,500
	FORM 990, PART VIII, LINE 11B	UNRELATED BUSINESS INCOME FROM PARTNERSHIPS \$3,698
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

---

## **SCHEDULE R**

**(Form 990)**

### **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2012

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF WEST FLORIDA FOUNDATION INC.

**Employer identification number**

59-6166292

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
1s	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEST FLORIDA HISTORIC PRESERVATION INC	R	816,514	ACCURAL ACCOUNTING
(2) UNIVERSITY OF WEST FLORIDA	L	375,221	ACCURAL ACCOUNTING
(3) UNIVERSITY OF WEST FLORIDA	O	1,617,234	ACCURAL ACCOUNTING
(4) UNIVERSITY OF WEST FLORIDA	P	4,169,437	ACCURAL ACCOUNTING

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Software ID:****Software Version:****EIN:** 59-6166292**Name:** UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Schedule R (Form 990) 2012

Page 5

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
	PART V, SECTION 2, LINE 1	THE UWF FOUNDATION ENTERED INTO A MEMORANDUM OF UNDERSTANDING WITH THE WEST FLORIDA HISTORIC PRESERVATION, INC ("WFHPI"), ANOTHER DSO OF THE UNIVERSITY, WHERE WFHPI MAY TRANSFER CURRENT CASH ASSETS TO THE FOUNDATION TO INVEST ON THEIR BEHALF THESE FUNDS ARE INVESTED AS A QUASI-ENDOWMENT WITH THE UWF FOUNDATION AND ARE PART OF THE INVESTMENT POOL SUBJECT TO SPENDING AND INVESTMENT POLICIES OF THE UWF FOUNDATION
	PART V, SECTION 2, LINE 2	THE UWF FOUNDATION PROVIDES ALL THE FUNDRAISING EFFORTS FOR THE UNIVERSITY OF WEST FLORIDA THE AMOUNT OF \$375,221 WAS THE AUDITED FINANCIAL STATEMENT COST OF THE FOUNDATION PROVIDING THESE SERVICES
	PART V, SECTION 2, LINE 3	THE UWF FOUNDATION AND THE UNIVERSITY OF WEST FLORIDA SHARE FUNDRAISING EMPLOYEES, THE FOUNDATION PAYS A PORTION OF FACULTY SALARIES FROM PROGRAM AND PROFESSORSHIP ACCOUNTS, AND THE FOUNDATION PAYS A PORTION OF STAFF SALARIES FROM PROGRAM ACCOUNTS THE AMOUNT OF \$1,617,234 IS INCLUDED IN THE AMOUNT REPORTED IN PART V, SECTION 2, LINE 4 OF \$4,169,437
	PART V, SECTION 2, LINE 4	THE UWF FOUNDATION TRANSFERS CASH TO THE UNIVERSITY OF WEST FLORIDA TO PROCESS SHARED PAYROLL EXPENSES, FOUNDATION STAFF PAYROLL EXPENSES, AND TO SUPPORT PROGRAM EXPENSES AT THE UNIVERSITY THE TOTAL OF \$4,169,437 INCLUDES \$1,617,234 THAT IS INCLUDED IN PART V, SECTION 2, LINE 3

--&gt;

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2012 Functional Currency and Exchange Rate QBU Statement

**Name:** UNIVERSITY OF WEST FLORIDA FOUNDATION INC  
**EIN:** 59-6166292

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000